

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/555559		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/		/		
2	/		/				52		/		/		
3	/		/				53		/		/		
4	/		/				54		/		/		
5	/		/				55		/		/		
6	/		/				56		/		/		
7	/		/				57		/		/		
8	/		/				58		/		/		
9	/		/				59		/		/		
10	/		/				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
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19	/		/				69						
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31	/		/				81						
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38	/		/				88						
39	/		/				89						
40	/		/				90						
41	/		/				91						
42	/		/				92						
43	/		/				93						
44	/		/				94						
45	/		/				95						
46	/		/				96						
47	/		/				97						
48	/		/				98						
49	/		/				99						
50	/		/				100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	61		58				TOTAL DEP.						
TOTAL CLAIMS	62		59				TOTAL CLAIMS						